

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Pima

District of \_\_\_\_\_

Town of Miami

or

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 159County Registrar No. 193

Local Registrar No. \_\_\_\_\_

No. Van Hook Canyon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Don Eugene Richardson { If child is not yet named, make supplemental report, as directed.3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth 1st 6. Legitimate? yes 7. Date of birth May 13 1927  
Month Day Year8. FATHER Full name Marm Otis Richardson 14. MOTHER Full maiden name Ethel Marie Brack9. Residence (Usual place of abode) Miami, Arizona 15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. If non-resident, give place and state.10. Color or race White 11. Age at last birthday 28 (Years) 16. Color or race White 17. Age at last birthday 21 (Years)12. Birthplace (city or place) \_\_\_\_\_ (State or country) Texas 18. Birthplace (city or place) Odessa  
(State or country) Texas13. Occupation Scrubkman 19. Occupation Housewife  
Nature of industry Locomotive Nature of industry20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Aline at 8:12 A. m. on the date above stated  
(Born alive or stillborn.)\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature J. E. Miller (Physician or midwife.)Address Miami, ArizonaGiven name added from a supplemental report. Filed May 20, 1927 L. E. Drinn Local Registrar.  
Month, day, year

Registrar

Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar.

495-513-522